

<b>Case Number:</b>	CM15-0027839		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/17/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39 year old male with an industrial injury dated June 17, 2012. The injured worker diagnoses include intervertebral cervical disc disorder with myelopathy, status post cervical fusion at C5 through C7, cervical radiculitis and depression secondary to pain. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 12/16/14, the injured worker reported intermittent right arm pain. Physical exam was noted to be unchanged. Motor and sensory exam were within normal limits and surgical wound was clean, dry, and intact. According to the progress note dated 1/6/2015, the injured worker presented for pain management reevaluation and medication control following cervical spinal surgery on November 3, 2014. Documentation noted the he is having extreme difficulty sleeping at night due to his neck pain and becomes tired through the day. The treating physician prescribed Lunesta 2mg #30 now under review. Utilization Review determination on January 22, 2015 denied the request for Lunesta 2mg #30, citing MTUS, Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lunesta 2mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain/Chronic

**Decision rationale:** The Official Disability Guidelines (Pain/Chronic-Eszopicolone) provide recommendations on the use of sedative/sleeping pills including eszopicolone (also known as Lunesta). The Official Disability Guidelines state that this drug is not recommended for long-term use, but recommended for short-term use. The medical records indicate that Lunesta is being used as a long-term treatment modality for this patient. This is not consistent with the recommendations in the Official Disability Guidelines. Further, there is no rationale provided to justify extended use of Lunesta beyond the short-term use. For these reasons, Lunesta is not considered as medically necessary.